STATE OF MAINE
DEPARTMENT OF LICENSING AND REGULATORY SERVICES
COMMUNITY SERVICES PROGRAMS

APPLICATION FOR LICENSURE/CERTIFICATION

(EMPLOYEE ASSISTANCE PROGRAM)

DATE:_____

APPLICATION IS: NEW_____ RENEW_____

NAME/TITLE OF ADMINISTRATOR/OPERATOR:_____
PHONE:_____
EMAIL:_____

ADDRESS: _____ MAILING ADDRESS (if different)
_____ _____
_____ _____

SOCIAL SECURITY # OR EMPLOYEE I.D. # _____

CONTACT PERSON/PHONE (if different): _____
EMAIL: _____
NAME OF FACILITY/AGENCY: _____
CORPORATE NAME (if different): _____

CORPORATE ADDRESS: _____
(if different from above) _____
_____

TYPE OF FACILITY/AGENCY:

Individual Proprietorship: ____ Partnership: ____
Non-Profit Corporation: ____ For-Profit Corporation: ____
Tribal Government: ____ Parent Co-op: ____
Church: ____ Other (describe):_____

PLEASE ENTER THE INFORMATION BELOW FOR THE EMPLOYEES COVERED BY YOUR COMPANY'S EAP IN THE STATE OF MAINE:

Number of Employees: ____ Age range: ____ Gender: ____

EAP SERVICE PROVIDER INFORMATION:

Company Name: _____
Address: _____
_____
_____
Phone #: _____

I/We further certify that all information contained in this application (including addendum) is complete and accurate.

SIGNATURE REQUIRED:

_____ DATE: _____
Applicant/Operator/Administrator

_____
Type or Print Name

FURTHER INSTRUCTIONS:

1. COMPLETE THE ATTACHED ADDENDUM SPECIFIC TO THE TYPE OF LICENSURE OR CERTIFICATION THAT IS BEING APPLIED FOR.

2. SUBMIT ALL ITEMS REQUESTED IN THE “PLEASE SUBMIT” SECTION OF THE FORM.

ADDENDUM
APPLICATION FOR – EMPLOYEE ASSISTANCE PROGRAM

PLEASE SUBMIT:

1. Completed Application
2. Policy Manual (New Application Only)
3. Annual report (Renewal Applicants Only)
4. Two (2) Year Re-Evaluation EAP Utilization Report (Renewal Applicants Only)
5. $100.00 new application fee / $50.00 reapplication fee
   (Make checks payable to: TREASURER, STATE OF MAINE)

SUBMIT TO:

CATHY PARLIN
DIVISION OF LICENSING AND CERTIFICATION
STATE HOUSE STATION # 11
41 ANTHONY AVENUE
AUGUSTA, MAINE 04333-0165

Phone: 207-287-9300 Fax: 207-287-9252 TTY: 1-800-606-0215

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To Be Filled Out By The Division of Licensing

Date Received: _____

Action Taken: Approved: _____ Effective Date: _____
Expiration Date: _____

Further Action Required:
_____
_____

Disapproved (Reason):
_____
_____

Notification to the Department of Labor: _____
Date Certificate Sent and Number: _____

Licensing Staff: _____
Date Review Complete: _____